## PARADOX-STUDIO OF DERMAGRAPHICS 4225 FIDUS DR. #210 LAS VEGAS NV 89103 (702) 452-7969

## TATTOO RELEASE FORM

- I hereby release Paradox-Studio of Dermagraphics, it's owners, employees and artists from all actions and demands now and in the future.
- I understand and believe that the artist is competent in the art of applying tattoos, and that
  only appropriate instruments and techniques will be utilized.
- I am satisfied that the equipment to be used has been properly cleaned and cared for, and that the tubes and single use needles have been properly sterilized in an autoclave.
- I also believe that the artist has demonstrated the proper level of professionalism necessary to perform the application of the tattoo.
- I fully understand that the tattoo will be permanent, and can only be removed with a surgical
  or laser procedure that may leave permanent scarring.
- I have not had a history of jaundice or hepatitis within the last twelve (12) months.
- I do not have the HIV virus, AIDS, or any blood-related diseases that will prohibit the proper healing of the tattoo and pose a risk to the tattoo artist.
- I do not have hemophilia, epilepsy, or a heart condition.
- · I am not pregnant.
- I am not under the influence of drugs or alcohol.
- I have received and read written aftercare instructions and agree that it is my responsibility to properly heal and care for the tattoo after its application.
- I understand that all artwork, sketches and drawings related to my tattoo and any photographs
  of my tattoo are property of Paradox-Studio of Dermagraphics.
- I am over 18 years of age.

	oove. I hereby certify that all of the information rm is true and correct.
Name // Colore / f.	irst m.i.
Address	state zip
Phone # (_area code//	Today's Date OQ / 10 / 03 month day year
Signature All L	
For office use only	
Description of tattoo Tribal	Location of tattoo L. Eye area
Copy of state I.D on file.	_ Artist /cotor